

SERFF Tracking Number:	WSFG-125521758	State:	Arkansas
Filing Company:	Westfield Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	080331ARCAWFFO		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	CL Auto		
Project Name/Number:	Terrorism Disclosure AD 8584/080331ARCAWFFO		

## Filing at a Glance

Company: Westfield Insurance Company

Product Name: CL Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

Filing Type: Form

Effective Date Requested (New): 03/31/2008

Effective Date Requested (Renewal): 03/31/2008

State Filing Description:

SERFF Tr Num: WSFG-125521758 State: Arkansas

SERFF Status: Closed

Co Tr Num: 080331ARCAWFFO

Co Status:

Author: Susan Watson

Date Submitted: 03/04/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/10/2008

Disposition Status: Approved

Effective Date (New): 03/31/2008

Effective Date (Renewal): 03/31/2008

## General Information

Project Name: Terrorism Disclosure AD 8584

Project Number: 080331ARCAWFFO

Reference Organization:

Reference Title:

Filing Status Changed: 03/10/2008

State Status Changed: 03/10/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of WESTFIELD INSURANCE COMPANY, a Subscriber to Insurance Services Office, we wish to file new disclosure notice AD 8584 0108 applicable to all policies effective on or after March 31, 2008.

Attached is a final printed disclosure:

AD 85 84 0108 - Policyholder Disclosure - Notice of Terrorism Insurance Coverage and Premium

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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This disclosure notice advises the policyholder of premium attributable to coverage for acts of terrorism and also allows the insured the option of accepting or rejecting the coverage.

The Westfield Insurance Company does not consider this filing to be excessive, inadequate nor unfairly discriminatory.

## Company and Contact

### Filing Contact Information

Susan Watson, Production Specialist	susanwatson@westfieldgrp.com
One Park Circle	(330) 887-6180 [Phone]
Westfield Center, OH 44251-5001	(111) 111-1111[FAX]

### Filing Company Information

Westfield Insurance Company	CoCode: 24112	State of Domicile: Ohio
One Park Circle	Group Code: 228	Company Type: P & C
P.O. Box 5001		
Westfield Center, OH 44251-5001	Group Name:	State ID Number:
(800) 243-0210 ext. [Phone]	FEIN Number: 34-6516838	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westfield Insurance Company	\$50.00	03/04/2008	18314599

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/10/2008	03/10/2008

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## **Disposition**

Disposition Date: 03/10/2008

Effective Date (New): 03/31/2008

Effective Date (Renewal): 03/31/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Expedited Filing Transmittal doc	Approved	Yes
<b>Form</b>	Policyholder Disclosure Notice of Terrorism Insurance Coverage and Premium	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage and Premium	AD 8584	0108	Disclosure/ New Notice		0.00	AD_8584_0108.pdf

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THIS NOTICE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY SHALL PREVAIL.

## **POLICYHOLDER DISCLOSURE**

### **NOTICE OF TERRORISM**

### **INSURANCE COVERAGE and PREMIUM**

On November 26, 2002, the Terrorism Risk Insurance Act of 2002 (hereafter the "Act") was signed into law by the President. The Act, as amended in 2007, defines an "act of terrorism" in Section 102(1) to mean any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States (1) to be an act of terrorism; (2) to be a violent act or an act that is dangerous to human life, property, or infrastructure; (3) to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (4) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage for acts of terrorism as defined by the Act, as amended, is included in your current policy and/or in any policy quoted for you. You should know that under your existing coverage losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. **You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.** Under the Act, as amended, this formula is currently effective through December 31, 2014.

The actual insurance coverage provided by your policy for acts of terrorism as defined in the Act, as amended, as is true for all coverages, is limited by the terms, conditions, exclusions, limits, other provisions of your policy, any endorsements to the policy and generally applicable rules of law.

### **PREMIUM CHARGED**

During your current policy period, the portion, if any, of your premium that is attributable to coverage for acts of terrorism as defined in the Act is \$\_\_\_\_\_ (refer to Common Policy Declarations if blank).

**If you do not desire the coverage** for acts of terrorism as defined in the Act, as amended, you may reject the coverage and instruct the insurance company to remove it and refund the premium described above. **To reject the coverage, you must:**

- 1) advise the insurance company by letter (on your company letterhead),
- 2) signed by the owner, representative, or properly designated official of the named insured.

**The insurance company must receive your letter within 60 days** from the date shown at the bottom right side of the forms titled "Common Policy Declarations". Please refer to "Common Policy Declarations" for the mailing address of the insurance company.

If your policy premium is \$500, that may represent a minimum premium. In that case, the portion that is attributable to acts of terrorism as defined in the Act, as amended, may be included within that minimum and your total premium will not be reduced if you reject coverage for acts of terrorism. The minimum premium will still apply.

Should you have any question regarding this notice, please contact your insurance agent.

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## **Rate Information**

Rate data does NOT apply to filing.



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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A - Expedited Terrorism Filing	Approved	03/10/2008
<b>Comments:</b>			

<b>Satisfied -Name:</b>	Expedited Filing Transmittal doc	<b>Review Status:</b>	
<b>Comments:</b>		Approved	03/10/2008
<b>Attachment:</b>			
Expedited Filing Transmittal Form.pdf			

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) Arkansas**

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
ف Filing Related to <i>Non-Certified Losses</i>
ف Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Westfield Insurance Company	OH	228-24112	34-651-6838

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Susan Watson Production Specialist Westfield Group One Park Circle P.O. Box 5001 Westfield Center, OH 44251-5001	1.800.243.0210 Ext. 6180	330.887.0840	susanwatson@ westfieldgrp.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	20.0 Commercial Auto
<b>Company Program Title</b> (Marketing title) (if applicable)	Commercial Automobile Program
<b>Filing Type ** see note below</b>	Form
<b>This application is used with:</b>	CA0001, CA0005, CA0010, CA0012, CA0020
<b>Effective Date Requested</b>	03-31-08
<b>Filing date</b>	03-04-08
<b>Company Tracking Number</b>	080331ARCAWFFO
<b>Date filing approved in domiciliary state, if applicable</b>	

	<u>Component/Form Name /Description/Synopsis</u>	<b>Form # or Rate Page Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # or rate page(s) it replaces</b>	<b>Previous State Filing Number, if required by state</b>
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage and Premium	AD 8584 0108	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
Signature

Susan Watson  
Print Name:

Production Specialist  
Title: